



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

New Jersey Board of Nursing

124 Halsey Street, 6th Floor, P.O. Box 45010

Newark, New Jersey 07101

(973) 504-6430

[www.njconsumeraffairs.gov/medical/nursing.htm](http://www.njconsumeraffairs.gov/medical/nursing.htm)

**INFORMATION REGARDING NURSE LICENSURE BY EXAMINATION  
FOR GRADUATES OF FOREIGN NURSING PROGRAMS**

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Enclosed is an Application Packet for Licensure by Examination for Graduates of Foreign Nursing Programs. Read all of the directions carefully and make sure that you have checked the type of nursing license for which you wish to apply. Mail the completed application with a fee of **\$225.00** (\$120.00 license fee, \$100.00 application fee and a \$5.00 surcharge fee) and the Certification and Authorization Form for a Criminal History Background Check to the New Jersey Board of Nursing at the above mailing address.

**There are five (5) elements required for licensure of a foreign graduate as a nurse in New Jersey including:**

1. A transcript review by the Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S.). Please request the Full Education Course by Course Report.
2. Proof that you have achieved a passing score on the Test of English as a Foreign Language exam, TOEFL (C.G.F.N.S. is also providing English language evaluations) (**Must be submitted only to C.G.F.N.S.**);
3. A completed licensure application for graduates of foreign nursing programs, which includes information concerning your educational and experiential background;
4. Criminal History Background Check clearance.
5. Successful completion of the appropriate NCLEX licensing examination.

**Please submit the following to the New Jersey Board of Nursing:**

- The official Application for Licensure by Examination for Foreign Graduates;
- One original color (2" x 2") passport-style photograph;
- Copy of your Social Security card;
- Copy of your birth certificate or other immigration documents;
- The total fee of \$225.00, payable to the New Jersey Board of Nursing, (a money order or personal check is acceptable); and
- The Certification and Authorization Form for a Criminal History Background Check.

To register for the NCLEX examination, please visit the Candidate Web Site at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) or call Pearson Vue at 1-866-496-2539.

### **Criminal History Background Check**

After the Board receives the completed Certification and Authorization Form for a Criminal History Background Check, you will then receive instructions on the fingerprinting process. You will be eligible to sit for the appropriate NCLEX licensing examination. However, you will not be permitted to work or be licensed as a nurse in the State of New Jersey until the Criminal History Background Check has been completed and the Board of Nursing has received the results. *If the Criminal History Background Check reveals a criminal conviction, a review of your application by the Board of Nursing will be required.*

### **For Further Information:**

- Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S.) at (215) 349-8767 or [www.cgfns.org](http://www.cgfns.org)
- The National Council of State Boards of Nursing's NCLEX information & Candidate Bulletin at [www.ncsbn.org](http://www.ncsbn.org)

You may email the following staff with questions regarding your application:

Diane Scott at [diane.scott@lps.state.nj.us](mailto:diane.scott@lps.state.nj.us)

Nilsa Taracena at [nilsa.taracena@lps.state.nj.us](mailto:nilsa.taracena@lps.state.nj.us)

Or you may call the Board of Nursing at 973-504-6430.





## 6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes  No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes  No

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Applicant’s signature

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Date

7. Have you ever changed your name?  Yes  No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

8. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

9. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

12. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

13. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No

14. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 9 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

**Education**

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
<p><b>High School or Primary School</b></p> <hr/> <p style="text-align: center;">Name of school</p> <hr/> <p style="text-align: center;">City <span style="font-size: 2em; opacity: 0.5;">A</span> State/Country</p> <hr/> <p style="text-align: center;">Name of school</p> <hr/> <p style="text-align: center;">City <span style="font-size: 2em; opacity: 0.5;">A</span> State/Country</p>	B	<hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p>	C	<p><b>Check appropriate type:</b></p> <p><input type="checkbox"/> Graduate diploma <span style="font-size: 2em; opacity: 0.5;">D</span></p> <p><input type="checkbox"/> Graduate equivalency diploma</p>
<p><b>Postsecondary School(s) including basic nursing education programs</b></p> <hr/> <p style="text-align: center;">Name of school                      Program major</p> <hr/> <p style="text-align: center;">City <span style="font-size: 2em; opacity: 0.5;">A</span> State/Country</p> <hr/> <p style="text-align: center;">Name of school                      Program major</p> <hr/> <p style="text-align: center;">City <span style="font-size: 2em; opacity: 0.5;">A</span> State/Country</p>	B	<hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p> <hr/> <p style="text-align: center;">Month / Year</p>	C	D

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public





**Official Use Only**  
 Dual License  
 License Type 1  
**RN/LPN Foreign Examination**  
 Applicant's Number \_\_\_\_\_  
 License Type 2 \_\_\_\_\_  
 Applicant's Number \_\_\_\_\_



**Official Use Only**  
 Resubmit  
 Board or Committee \_\_\_\_\_

**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 New Jersey Board of Nursing  
 P.O. Box 45010  
 Newark, New Jersey 07101  
 (973) 504-6430

**CERTIFICATION AND AUTHORIZATION FORM  
 FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Ms. \_\_\_\_\_  
Last First Middle Maiden Name
2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code
3. Date of birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Month Day Year
4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No  
 If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.  
 If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
 Board or committee requiring the fingerprinting

\_\_\_\_\_  
 Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date